

AMENDMENT TO STATEMENT OF CLAIM

Claim Nos.: _____

Owner(s): _____

I make the following amendment(s) to the above statement of claim(s):

(Complete only those sections that require amendment.)

1. **Owner of Water Right:** _____ ☐ See attachment
(last, first, middle initial)

Co-owner or Other

Interested Owner: _____
(last, first, middle initial)

Address _____

City, State, Zip Code _____

Home Phone No. (____) _____ Business Phone No. (____) _____

2. **Purpose (use):** _____

a. If irrigation, method of irrigation use ☐ Sprinkler ☐ Flood ☐ Water spreading
☐ Subirrigation ☐ Natural Overflow

b. If domestic, number of households served: _____

c. If stock, total number and type of livestock served: _____

3. **Source of Water:** _____ **Tributary of** _____

4. **Point of Diversion:** County - _____ ☐ See attachment

____ Lot	____ Block	____ $\frac{1}{4}$	____ $\frac{1}{4}$	____ $\frac{1}{4}$	Section _____	T _____	R _____
____ Lot	____ Block	____ $\frac{1}{4}$	____ $\frac{1}{4}$	____ $\frac{1}{4}$	Section _____	T _____	R _____
____ Lot	____ Block	____ $\frac{1}{4}$	____ $\frac{1}{4}$	____ $\frac{1}{4}$	Section _____	T _____	R _____
____ Lot	____ Block	____ $\frac{1}{4}$	____ $\frac{1}{4}$	____ $\frac{1}{4}$	Section _____	T _____	R _____
____ Lot	____ Block	____ $\frac{1}{4}$	____ $\frac{1}{4}$	____ $\frac{1}{4}$	Section _____	T _____	R _____
____ Lot	____ Block	____ $\frac{1}{4}$	____ $\frac{1}{4}$	____ $\frac{1}{4}$	Section _____	T _____	R _____

Subdivision: _____

☐ Replaces claimed information ☐ Supplements claimed information ☐ Addendum included

Please attach a map showing all points of diversion for this water right.

5. **Means of Diversion:** ☐ Well ☐ Instream Use ☐ Dam
☐ Headgate ☐ Pump: Capacity - _____ gpm
☐ Other - _____

6. **Means of Conveyance:** ☐ Ditch ☐ Pipeline ☐ Instream Use
☐ Other - _____

Exhibit C (continued)
AMENDMENT

7. **Place of Use:** County - _____ ☐ See attachment
____ acres ____ Lot ____ Block ____ 1/4 ____ 1/4 ____ 1/4 Section ____ T ____ R ____
____ acres ____ Lot ____ Block ____ 1/4 ____ 1/4 ____ 1/4 Section ____ T ____ R ____
____ acres ____ Lot ____ Block ____ 1/4 ____ 1/4 ____ 1/4 Section ____ T ____ R ____
____ acres ____ Lot ____ Block ____ 1/4 ____ 1/4 ____ 1/4 Section ____ T ____ R ____
____ acres ____ Lot ____ Block ____ 1/4 ____ 1/4 ____ 1/4 Section ____ T ____ R ____
____ **Total Acres.** Subdivision - _____

☐ Replaces claimed information ☐ Supplements claimed information ☐ Addendum included

Please attach map showing entire place of use for this water right

8. **Flow Rate Claimed:** _____ ☐ cubic feet per second
☐ gallons per minute
☐ miner's inches

9. **Volume Claimed:** _____ acre-feet per year

10. **Period(s) of Use:** _____
(Month/Day TO Month/Day)

11. **Priority Date:** (date of first use) - _____
(Hour Month/Day/Year)

12. **Type of Historical Right:** ☐ Decreed Right
☐ Filed Appropriation Right
☐ Use Right

Please attach proof of
priority date or type of right.

13. **Reasons for Amendment:** _____

14. **Comments:** _____

15. **Notarized Statement Signed by Owner:** ☐ See attachment

I, having been duly sworn, depose and say that I, being of legal age and being the owner of this claim of existing water right know the contents of this amendment and that the matters and things stated there are true and correct. (All current owners of the right as listed in the DNRC centralized record system are required to sign.)

Signature Date

Signature Date

STATE OF MONTANA

County of _____

Subscribed and sworn before me this _____ day of _____, _____

(notary seal)

Residing at _____

My commission expires _____

Water Right: _____

The notarized statement below is provided to show agreement with the amendment(s) submitted by
water right co-owner _____ received by the
DNRC on _____.

Notarized Statement Signed by Owner:

I, having been duly sworn, depose and say that I, being of legal age and being the owner of this claim of
existing water right know the contents of this amendment and that the matters and things stated there are
true and correct. *(All current owners of the right as listed in the DNRC centralized record system are required
to sign.)*

Typed or Printed Name

Signature

Date

Typed or Printed Name

Signature

Date

STATE OF MONTANA

County of _____

Subscribed and sworn before me this _____ day of _____, _____

Notary Public for the State of Montana

(notary seal)

Notary's Printed Name

Residing at: _____

My commission expires: _____